

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/21/2011
FORM APPROVED
OMB NO. 0938-0391

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|---|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155255 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/19/2011 |
| NAME OF PROVIDER OR SUPPLIER WOODVIEW HEALTHCARE INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3420 E STATE BLVD FORT WAYNE, IN 46805 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00084786.</p> <p>Complaint IN00084786- Substantiated, State deficiencies related to the allegations are cited at F9999.</p> <p>Survey dates: January 18, 19, 2011</p> <p>Facility number: 000158 Provider number: 155255 AIM number: 100291490</p> <p>Survey team: Ann Army, RN</p> <p>Census bed type: SNF: 30 NF: 66 NCC: 5 Total: 101</p> <p>Census payor type: Medicare: 11 Medicaid: 45 Other: 45 Total: 101</p> <p>Sample: 3</p> <p>Woodview Health Care was found to be in compliance with 42 CFR Part 483, Subpart B in regard to the Investigation of Complaint IN00084786</p> <p>This State Finding is cited in accordance with 410 IAC 16.2</p> | F 000 | <p>RECEIVED</p> <p>FEB - 3 2011</p> <p>LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH</p> | | |

APP
2/9/11
BM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Capt Angela Buckland TITLE Administrator (X6) DATE 2/1/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

WOODVIEW HEALTHCARE INC

STREET ADDRESS, CITY, STATE, ZIP CODE

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| F 000 F9999 | <p>Continued From page 1</p> <p>Quality review completed on January 20, 2011 by Bev Faulkner, RN</p> <p>FINAL OBSERVATIONS</p> <p>STATE FINDINGS:</p> <p>3.1-50 CLINICAL RECORDS</p> <p>(h) The transfer record shall include: (7) The presence or absence of decubitus ulcers</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to include a skin condition assessment in the transfer information sent to the hospital with a resident who had pressure sores. This deficiency affected 1 of 1 residents sent to the hospital with pressure sores in a sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>On 1/18/11 at 9:15 a.m., the ADON (Assistant Director of Nursing) indicated Resident #B fell out of bed, had pressure areas and had been hospitalized recently. The resident was observed on a specialized bed, lying on the right side with a body pillow positioned in front of him.</p> <p>The clinical record of Resident #B was reviewed on 1/18/11 at 10:15 a.m., and indicated the resident was admitted to the facility on 9/18/03 with diagnoses which included but were not limited to, quadriplegia related to a spinal cord injury, and insulin dependent diabetes mellitus. The resident was hospitalized on 11/29/10 and returned to the facility on 12/14/10, following the surgical repair of a sigmoid volvulus.</p> | F 000 F9999 | <p>F999 This Plan of Correction is to serve as Woodview Healthcare's allegation of compliance.</p> <p>It is the policy of Woodview Healthcare, Inc. to include skin condition assessment including the presence or absence of wounds and the size of the wounds on the transfer record, during non emergency Transfer of a Resident to the Hospital.</p> <p>Resident B's wounds are being treated and monitored. No other residents were affected by the deficient practice.</p> <p>The policy regarding "Non-emergency Transfer of a Resident to the Hospital" (See Attachment A) has been updated to include documentation of skin condition assessment including wound size if present.</p> <p>All nurses will be trained on the policy regarding "Non-emergency Transfer of a Resident to the Hospital" including skin condition assessment and including wound size on the transfer record (See Attachment B).</p> <p>All transfer forms will be forwarded to Medical Records, who will evaluate all transfer records for residents who have wounds, and audit whether the wounds were assessed and documented on the transfer sheet.</p> | |

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| F9999 | Continued From page 2 Pressure sore assessment forms indicated the following: On 11/21/10, a 0.5 cm stage II (designating a partial loss of skin layers) pressure area was noted on Resident #B's left buttocks. On 11/26/10, three additional pressure areas were noted on the right and left buttocks that were described as 1 cm by 1 cm, superficial, and stage II. On 11/29/10, physician progress notes written by the Nurse Practitioner indicated Resident #B "fell out of bed yesterday," had a fever, confusion, a decline in appetite and "coccyx wounds worsening over past week." The note indicated the resident needed to be evaluated in the emergency room. Nursing notes, dated 11/29/10 at 1:00 p.m., indicated the resident had been seen by the Nurse Practitioner and at 2:00 p.m., was transported to the hospital emergency room. The transfer form, dated 11/29/10, indicated coccyx wounds had developed but the section for an assessment of the resident's skin condition was blank. The sections for diagnoses and medications indicated "see attached." The hospital admission and history note, dated 11/29/10, (no time) indicated Resident # B had three, stage III (indicating a full thickness of skin was lost exposing subcutaneous tissue) sacral decubitus ulcers ranging in size from 2.2 cm by 1.1 cm. On 1/19/11 at 2:00 p.m., the ADON was queried about the skin condition assessment. She | F9999 | If the wounds and/or wounds size are not documented as per facility policy, the Medical Records staff will report to the Assistant Director of Nursing. The Assistant Director of Nursing will address with individuals nurses, on a one on one basis, any failure to document skin condition assessments according to policy. The Assistant Director of Nursing will report to the Quality Assurance Committee any failure to follow policy. The Quality Assurance Committee will oversee compliance of wound documentation on transfer forms (See Attachment C). Date of Completion: February 18, 2011. | |

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| F9999 | <p>Continued From page 3</p> <p>indicated she had contacted the nurse who had transferred Resident #B, but the nurse could not remember if she sent the pressure sore assessment when the resident was transferred to the hospital. The ADON indicated she had no way of knowing because items sent with the resident were not copied and the skin condition section on the transfer sheet was blank.</p> <p>The policy for transfer documentation, undated, provided by the ADON, reviewed on 1/19/11 at 2:30 p.m., indicated in part "...Transfer sheet and bed-hold policy must accompany resident to hospital, ECF. (extended care facility) 1. send no code/Dr's order 2. Skin condition..."</p> <p>This federal tag relates to Complaint Number IN00084786.</p> | F9999 | | |